TENT APPLICATION FEE DETERMINATION RECO						Application or Docket Number				
	Effec	tive Oct	ober 1, 2000	6512 -11 EJF						
	CLAIMS A	S FILED	- PART I		SMALL					
LAIM	S	(Column 1) (Column 2)		olumn 2)	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
-					RATI	FEE	]	RATE	FEE	
_	<del>,</del>	NUMBE	R FILED NUI	MBER EXTRA	BASIC	EE 355.00	OR	BASIC FE	E 710.00	
	EABLE CLAIMS	35 m	inus 20= *	1314	X\$ 9	=	OR	X\$18=	432	
DENT CLAIMS		minus 3 = *		X40=		1	V00	130		
DEPE	NDENT CLAIM P	RESENT		P	<b> </b>	<del></del>	OR	X80=	<del></del>	
erenc	e in column 1 is	less than	Zero enter "O" in	oolumn 0	+135:	=	OR	+270=	270.	
erence in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II						-	OR	TOTAL	1412.	
	(Column 1)	VINIENDE	(Column 2)	(Column 3)	SMAI	L ENTITY	OR		R THAN ENTITY	
	CLAIMS REMAINING		HIGHEST			ADDI-	<b>1</b>	SWALL	T	
	AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	ADDI- TIONAL	
	•	Minus	**	=	X\$ 9=		OR	X\$18=	FEE	
dent	•	Minus	***	=	X40=	<del>                                     </del>	1 1	X80=		
PRES	ENTATION OF MU	JLTIPLE DE	PENDENT CLAIN	A 🗆	1 1 1 1 1 1		OR	X8U=		
Α					+135=		OR	+270=		
					TOTA ADDIT. FE		OR ,	TOTAL ADDIT. FEE		
	(Column 1) CLAIMS		(Column 2)	(Column 3)						
	REMAINING		HIGHEST NUMBER	PRESENT		ADDI-	ſ		ADDI-	
	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL		RATE	TIONAL	
		Minus	**	=	X\$ 9=	FEE		X\$18=	FEE	
dent	•	Minus	***	=	-	<del> </del>	OR	Αφ10=		
RESE	NTATION OF MU	LTIPLE DE	PENDENT CLAIM		X40=		OR	X80=		
					+135=		OR	+270=		
	V.5			· _ · _ · _ \	TOTAL ADDIT. FEE		OR 🗖	TOTAL DDIT. FEE		
	(Column 1)		(Column 2)	(Column 3)			- ^	DD11. FEE		
	CLAIMS REMAINING		HIGHEST NUMBER			ADDI-	r		4221	
	AFTER AMENDMENT		PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL	- 1	RATE	ADDI- TIONAL	
		dimen	PAID FOR			FEE			FEE	
nt		Minus	**	=	X\$ 9=		OR	X\$18=	ï	
		Minus	*** PENDENT CLAIM	=	X40=			X80=		
	THE INTERIOR	- TIF LE DEF	ENDENT CLAIM		105		OR			
colun	nn 1 is less than the	entry in colu	mn 2, write "0" in col	ump 3	+135=		R	+270=		
· Nun	nber Previously Paid nber Previously Paid	For IN THIS	SPACE is lose than	. 00	TOTAL		DR	TOTAL		